

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	43					
TOTAL	46					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
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TOTAL IND.						
TOTAL DEP.						
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